

DODAAC DELETE REQUEST FORM **GCSS-ARMY**



DATE			I					
REQUESTER INFORMATION								
LAST NAME						FIRST NAME		
RANK/TITLE		EMAIL ADD		RESS				
PHONE NUMBER						WORK CELL		
UNIT NAME								
UIC			DO	DAAC			SUPP	PORTING RIC
DODAAC DELETI	ON DAT	ГА						
UIC								
DODAAC								
REASON FOR DELETION REQUEST								
REQUIRED SIGNATURES								
REQUESTER								
ACCOUNTABLE OFFICER								
RESOURCE MANAGER (Required only if Financial Information is being effected)								
DODAAC COORDINATOR								
U.S. ARMY RESERVE APPROVING OFFICIAL								